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Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | APR 10 14 Licensing and Protection | (X3) DATE SURVEY COMPLETED C 03/24/2014 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDOVER HOUSE

**451 VT ROUTE 66
RANDOLPH, VT 05060**

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| R100 | Initial Comments: An unannounced onsite re-licensing survey and investigation of an entity report were completed by the Division of Licensing and Protection on 3/24/14. Based on the findings, regulatory violations were cited as follows. | R100 | | |
| R101 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the home failed to formally initiate discharge proceedings for 1 of 5 residents in the sample (Resident #1) when the resident displayed care needs [for which they verbally notified the responsible party] exceeding what the home felt it was safely able to provide. Findings include: 1. Per record review on 3/24/14, the Administrator phoned the Power of Attorney (POA) for Resident #1 on 3/5/14 and informed him/her that Resident #1 would need to move. On 2/24/14 and 2/27/14 Resident #1 was documented to have made attempts to elope from the home. Staff successfully coaxed the resident back into the home on both occasions. Additionally, on 3/2/14 and 3/5/14, Resident #1 had exhibited verbal aggression toward others; on 3/5/14 s/he displayed physical aggression toward staff. | R101 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Joyce Jacobs
Owner 4-8-14

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| R101 | Continued From page 1 During an interview on 3/24/14 at 2:20 PM, the Administrator confirmed phoning the POA on 3/5/14 to inform him/her that a new placement should be found. The Administrator confirmed that neither an emergency discharge procedure nor a 30 day notice of intent to discharge was initiated on 3/5/14. | R101 | | |
| R114 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or transfer, the manager shall: i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project. ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so. | R114 | | |

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| R114 | Continued From page 2 iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal. iv. Place a copy of the notice in the resident's clinical record. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Administrator failed to issue an appropriate written notice to the resident or legal representative regarding intent to involuntarily discharge the resident from the home for 1 of 5 residents in the sample (Resident #1). Findings include: 1. Per record review on 3/24/14, the Administrator phoned the legal representative of Resident #1 and informed him/her verbally that Resident #1 would need to move from the home. During an interview on 3/24/14 at 2:20 PM, the Administrator confirmed that no written notice in a format containing appeal rights had been issued to the resident or legal representative regarding intent to discharge Resident #1. | R114 | | | |
| R164 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the | R164 | | | |

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| R164 | Continued From page 3 responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to delegate the responsibility for the proper administration of specific medications to designated staff for designated residents for 2 of 2 staff in the sample and 5 of 5 residents in the sample (Residents #1, 2, 3, 4, 5). 1. Based on review of staff in-service training records, the RN failed to document the delegation of medication administration by 2 of 2 unlicensed staff for specific medications and specific residents (Residents #1, 2, 3, 4, 5). During an interview on 3/24/14 at 12:15 PM, the RN confirmed having not documented the delegation of medication administration by two unlicensed staff specifically for the medications required by the residents in the sample. | R164 | R164 R165 Nurse and 4 designated will provide oversight of new med tech train by 4-11-14 and then yearly JWD | |
| R165 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing | R165 | | |

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| R165 | Continued From page 4 appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on review of staff in-service records and interview of the Registered Nurse (RN), the nurse failed to document teaching of proper techniques for medication administration for 2 of 2 unlicensed staff. Findings include: 1. Per record review on 3/24/14, no documentation was located or provided by the home to indicate that the RN had conducted training in medication administration techniques for the two unlicensed staff identified as administering medications to residents. During an interview on 3/24/14 at 12:15 PM, the RN confirmed that s/he could not provide specific in-service documentation of medication administration training for 2 of 2 unlicensed staff. | R165 | | |
| R171 SS=E | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or | R171 | | |

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| R171 | <p>Continued From page 5</p> <p>representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <ul style="list-style-type: none"> (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the Registered Nurse (RN) failed to assure that documentation reflected that all medications were administered as ordered for 2 of 3 residents in medication administration sample (Residents #2 and 3). The RN also failed to assure maintenance of a current list of staff to whom the RN has delegated the responsibility of medication administration for 2 of 2 staff. Findings include:</p> <ul style="list-style-type: none"> 1. During medication administration observations on 3/24/14 at noon, the unlicensed staff person administered 2, 500 mg Tylenol tablets (1000 mg) orally to Residents #2 and #3. Per review of the Medication Administration Record (MAR) after the observation, it was noted that the MAR documentation lacked a dose, frequency and | R171 | <p>R171</p> <p><i>Administrator, Nurse and or designee will double check the MAR for accuracy on a monthly basis prior to use and sign.</i></p> <p><i>J. J.</i></p> | |

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| R171 | Continued From page 6 route notation, merely written as "Tylenol". Staff had appropriately documented the date and time of administration, but not the number of tablets or dose level. The physician orders were located and reviewed. For Resident #2, the order was for 2, 500 mg Tylenol tablets orally four times per day. For Resident #3, the order was for 2, 500 mg Tylenol tablets orally every 6 hours as needed for pain. During an interview on 3/24/14 at 12:15 PM, the RN confirmed that the MAR lacked appropriate documentation of the physician's two Tylenol orders regarding dose, frequency and route of administration. | R171 | | | |
| R190 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to maintain on file the results of adult abuse registry checks for 3 of 3 staff in the sample. Findings include: 1. During 3/24/14 review of records of pre-hire background for 3 employees hired since the last re-licensing survey, no adult abuse registry checks were provided by the home. During an interview at 12:45 PM, the Administrator connected the surveyor on the phone with the individual who completes the criminal background checks for the facility. This staff confirmed that the adult abuse registry checks had not been completed for the 3 employees in the sample. | R190 | <i>R190</i> <i>Administrator and as designed</i> <i>will have background checks</i> <i>done by 4-4-14</i> <i>[Signature]</i> | | |

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| R190 | Continued From page 7 The surveyor provided the appropriate contact information for the procedure. | R190 | | |